

[Date]

ESA Appeals Panel
Empowerment Scholarship Account (ESA) Program
Arizona Department of Education
1535 West Jefferson Street, Bin #41
Phoenix, AZ 85007

Dear ESA Appeals Panel:

I would like to appeal the decision to my Empowerment Scholarship Account, application #_____, for student [name].

The reason I would like to appeal is that_____.

The attached documents provided are _____.

Required Information:

Legal name of Applicant: _____

Applicant Home Address:

Applicant Email:

Applicant Phone: _____

Agency to Appeal: Arizona Department of Education

Sincerely,
[Your Name]